

FOR INFORMATION

## CONCORDIA UNIVERSITY

## GUIDELINES FOR HIV/AIDS-RELATED CONCERNS

AIDS (Acquired Immune Deficiency Syndrome), along with earlier stages of HIV (Human Immunodeficiency Virus) infection, is a world-wide public health problem with increasingly significant social, cultural, economic, and ethical ramifications for all members of society.

AIDS is not yet highly prevalent on our university campus. However, the number of diagnosed AIDS cases represents only a small percentage of the number of people estimated to be infected with the virus who are as yet free of symptoms and thus unaware that they are capable of transmitting the virus to others.

At present there is no known cure for HIV/AIDS and no vaccination against the virus.

Fortunately, HIV infection is preventable. But this implies the need for responsible, informed behaviour on an individual level which can be encouraged by institutional recognition and response to the problem. The significance of effective education as the best defense against the spread of HIV/AIDS cannot be too strongly emphasized.

Based on recommendations from the Center for Disease Control in Atlanta, the Canadian Public Health Association, and the American College Health Association, Concordia University has developed the following guidelines including recommendations for an HIV/AIDS educational programme for all students, staff and faculty. It is the intention of the University that these efforts stand as a sensible and humane model for its own members as well as the community at large, provide momentum in the fight against the spread of HIV/AIDS, and underscore the importance of compassion and support without judgement for those among us who are infected with HIV.

## WHAT IS HIV/AIDS ?

It is important to understand the difference between these two terms. AIDS is the most severe form of disease which can result from being infected by HIV, the virus which attacks and can progressively destroy the body's immune system. The following terms serve to describe different stages of HIV infection:

1. HIV ANTIBODY POSITIVE (Seropositivity): A positive HIV antibody test result indicates exposure to the virus (HIV). It does not mean that one has AIDS, nor does it mean that one will necessarily develop an HIV-related illness in the future. It does not mean that one is immune to AIDS. It does mean that one is



capable of transmitting the virus to others, even though one may appear healthy and free of symptoms.

2. ARC: An individual with ARC (AIDS Related Condition) has, as a result of HIV infection, clinical symptoms of AIDS such as swollen lymph glands, persistent fatigue, diarrhea, night sweats or fever, unexplained weight loss, or thrush (a persistent white coating on the tongue or throat) but has not had one or more of the serious opportunistic infections or cancers characterizing full-blown AIDS. In most people such general symptoms are caused by common illnesses and not by HIV infection. However, when several occur together persistently, this may indicate a progressive HIV infection. An individual with ARC may or may not go on to develop full-blown AIDS.

3. AIDS: This condition usually develops years after initial infection with HIV and is the final manifestation of the destruction of the body's immune system believed to be brought about by HIV. This breakdown of the body's natural defenses leaves the individual vulnerable to life-threatening opportunistic infections and cancers.

In this document, the term 'HIV-related illnesses' is used to describe the full range of health problems caused by HIV. The term 'HIV-infected' refers to all persons who are infected with the virus, including those with ARC or AIDS.

#### HOW IS HIV TRANSMITTED ?

HIV is carried in the body fluids, primarily blood, semen, and vaginal secretions of infected persons. HIV is extremely fragile and dies very quickly once outside the body. In order to be transmitted, HIV must enter the bloodstream. The only clearly documented modes of HIV transmission are:

- By anal or vaginal intercourse, or oral-genital contact with an HIV-infected person
- By using HIV-contaminated needles or syringes
- From a pregnant, HIV-infected woman to her fetus, or from an infected mother to her child through breast milk
- Via transfusion of infected blood or blood products (The Canadian Red Cross has been screening all units of blood for HIV since 1985)
- Via organs transplanted from an infected donor

As long term studies of many families with an HIV-infected member have shown, there are no recorded cases of HIV transmission having occurred through non-sexual, household contact (e.g. kissing, hugging, sharing of food, utensils, clothes, etc.).<sup>1</sup>

There is no medical evidence that persons with HIV infection pose a health risk to others through casual contact such as that typically encountered in a classroom or workplace setting.



## HIV/AIDS EDUCATION

In discharging its responsibility to provide a safe working environment for all students, staff and faculty, Concordia's primary response will be that of education, not discrimination. To that end, Concordia will provide a university-wide programme of HIV/AIDS education. The goals of the programme will be:

- To alleviate unfounded fears about contracting the virus through casual contact such as that typically encountered in an academic or workplace setting;
- To provide individuals with the information necessary to make sound decisions about their own behaviour to ensure the health and well-being of themselves and others;
- To heighten awareness in the Concordia community that AIDS is a problem which concerns us all. Our sense of individual responsibility is challenged as we must each understand how HIV is spread and adopt the low-risk behaviour necessary to avoid transmission. Our sense of community is challenged as we strive to protect the rights of, and demonstrate concern and care for, those among us who are HIV-infected.

## THE HIV/AIDS RESOURCE PERSON

The University recognizes the prevalence of concern and fear surrounding the transmissibility of HIV and is committed to addressing these concerns with sensitivity, discretion, and accurate information. To this end, the University will appoint an HIV/AIDS Resource Person who will be located at Health Services and whose primary role will be to provide students, staff and faculty with a confidential source of information, advice, reassurance and support on HIV/AIDS and related concerns.

The name and university telephone number of the HIV/AIDS Resource Person will be publicized and contact may be made by telephone if anonymity is desired. The HIV/AIDS Resource Person will be able to inform those with HIV/AIDS-related concerns about:

- Clinics where anonymous HIV antibody testing and counselling are available (HIV/AIDS is not nominally reportable in Quebec);
- Services available in Montreal for people with HIV infection, and for their families and friends;
- Names of physicians known to be sympathetic and experienced in dealing with people who have HIV infection;
- Arrangements within the University that can be made to accommodate their needs while maintaining confidentiality ;

- Disability benefits available to full-time, permanent employees who have HIV-related illness. (Employees may wish to consult directly with the Benefits Administrator in Human Resources who is required to send the medical information necessary for a disability benefits claim to the insurance company. However, employees may, if they desire, send confidential medical information relevant to a disability claim directly to the insurance company.)

#### THE HIV/AIDS ADVISORY COMMITTEE

An HIV/AIDS Advisory Committee will be appointed by the Rector. Membership on the committee will be limited to a maximum of four persons and will include a representative of the Office of the Rector and members of the University community with expertise in the areas of law, ethics and counselling. The HIV/AIDS Resource Person will sit as an ex officio member of the committee. The mandate of the committee will include:

- Overall responsibility for application of the guidelines
- Updating the guidelines to reflect important developments in HIV/AIDS-related issues of medical, legal, or social concern
- Providing direction and support to the HIV/AIDS Resource Person

Any HIV-related situation requiring a University response beyond the scope of these guidelines should be addressed to the HIV/AIDS Resource Person at Health Services and will be referred to the HIV/AIDS Advisory Committee.

#### GENERAL GUIDELINES

With the above information in mind, the following guidelines are intended as a framework from which to develop well reasoned and informed responses to HIV-related situations that may arise within the University.

#### RESPONSIBILITY

It is understood that anyone aware that they are HIV-infected will conduct themselves with due regard for the health of others.



## DISCRIMINATORY BEHAVIOUR

In accordance with the University's Code of Conduct which states: "Members of the University should have regard for the rights of other members to freedom from discrimination", the University strongly condemns any form of discrimination, alarmist publicity or behaviour, or blatant moral recrimination against any individual with known or suspected HIV infection. Medical evidence makes it clear that any such discrimination is unjustified. The concerns and fears of any individual or group regarding HIV-related situations at Concordia should be addressed to the HIV/AIDS Resource Person.

Should any student, staff or faculty member with HIV infection so request, arrangements can be made through the HIV/AIDS Resource Person to provide an educational session for his/her co-workers, professors or students designed to alleviate unwarranted fears and encourage a comfortable working environment for all concerned.

## MANDATORY TESTING

The University is not a policing agency and has no desire to infringe on the civil liberties of any member of its community. The University will not require mandatory testing for HIV antibody for any of its students, staff or faculty. No student, staff or faculty member is obliged to disclose to the University whether s/he has been tested for HIV antibody, or to provide the results of any such test.

## CONFIDENTIALITY

The University recognizes the importance of utmost confidentiality in matters concerning HIV infection or HIV antibody testing. As with all personal medical information, all information provided to the HIV/AIDS Resource Person, the HIV/AIDS Advisory Committee, Health Services or University officials will be handled in the strictest confidence. No such information will be provided TO ANY PARTY (e.g. administration, faculty, insurance companies, government agencies, the media, co-workers, parents) without the fully informed and written consent of the individual concerned. Breach of confidentiality by any member of the University will be dealt with severely through existing disciplinary mechanisms.

## ACCESS TO UNIVERSITY FACILITIES

No student or employee with HIV infection will be denied access to any University facility or service for reasons of HIV



infection alone.

#### GUIDELINES FOR STUDENTS

- No student will be denied academic admission for reasons of known or suspected HIV infection.
- Any student with known or suspected HIV infection will be encouraged to attend classes in an unrestricted manner as long as his/her health permits.
- Students with HIV-related illness will be accorded the same academic considerations (extensions of deadlines, deferred exams, etc.) as any other student with valid medical problems.
- Students with HIV infection will not be exempt from any student employment opportunities in the University as long as they are capable of performing their duties in a safe and reliable manner.
- The University will not restrict any student with known or suspected HIV infection from participation in University sports programmes unless appropriate medical experts determine that this involves a reasonable health or safety risk to the HIV-infected student or to other sports participants.
- The University will not issue rebates or grant permission for course withdrawal/change (after the deadlines) for reasons of refusal to associate with a student or professor/instructor who is known or suspected to be HIV-infected.
- Discriminatory behaviour involving any HIV-related issue resulting in disruption to any University activity (in the classroom/lab or extracurricular) should be addressed to the HIV/AIDS Resource Person and will be handled on an individual basis with appropriate information and counselling. In the event this does not resolve the problem, a complaint may be made under the Code of Conduct (Non-Academic).

#### GUIDELINES FOR STUDENT RESIDENCES

- No student will be denied on-campus housing for reasons of HIV infection alone.
- To assist all students and staff in on-campus residences in avoiding behavior which places them at risk for HIV infection, the University will provide an in-residence

HIV/AIDS educational programme.

- Students in residence with any immuno-compromised medical condition, including HIV-infection, may wish to notify the HIV/AIDS Resource Person who can advise them of any outbreak of communicable disease within the residence with a view to protecting the student from unnecessary exposure.

#### GUIDELINES FOR EMPLOYEES

- No employee with HIV infection should suffer discrimination in the workplace or in the hiring process.
- The University will not include consideration of HIV infection in any of its hiring policies or practices.
- There is no medical justification for any employee to refuse to work with any HIV-infected individual for that reason alone. Discrimination and disruption in the workplace arising from HIV-related concerns should be addressed to the HIV/Aids Resource Person and will be handled on an individual basis with information and counselling. In the event that the problem is not resolved, a complaint may be made under the Code of Conduct (Non-Academic).
- The University will not undertake reassignment or dismissal of an HIV-infected employee for that reason alone.
- The University recognizes the need for sensitivity in dealing with an employee who is coping with HIV infection with the understanding that ongoing employment, assistance, and moral support is important to the physical and emotional health of the HIV-infected individual.
- As is the case with any employee who has a medical condition, any employee with HIV-related illness will be encouraged to continue working as long as s/he is able to perform her/his duties in a safe and reliable manner.
- As is the case with any employee who has a medical condition, efforts will be made to accommodate the particular needs of any employee with HIV infection.
- The position of the University with respect to an employee with HIV-related illness is the same as for any other illness or disability.



## CONCLUSION

These guidelines are based on the best information currently available and are subject to revision based on new developments in HIV/AIDS research and related issues.

Any clarification required with respect to these guidelines should be addressed to the HIV/AIDS Advisory Committee through the Office of the Rector.

## ACKNOWLEDGEMENTS

The Office of the Rector wishes to acknowledge gratefully the kind assistance of Professor William F. Foster, Dr. Margaret Somerville, and Ms. Margaret Duckett of the McGill Centre for Medicine, Ethics and the Law, McGill University, and Dr. Louis Vagianos, Director of Research, The Nova Scotia Task Force on AIDS, in the preparation of this document.

We are also indebted to the American College Health Association for its excellent publications in the field of AIDS policies for academic institutions.

## FOOTNOTE:

1. Selwyn, P.A., "AIDS: What is Now Known, II. Epidemiology" (1986) 23 Hospital Practice 127-164; Center for Disease Control, "Recommendations for Preventing Possible Transmission of Human T-Lymphotropic Virus Type III/Lymphadenopathy - Associated Virus from Tears" (1985) 34 M.M.W.R. 533-534; Peterman, T.A. & Curran, J.W., "Sexual Transmission of Human Immunodeficiency Virus" (1986) 256 J.A.M.A. 2222-2226; Blattner, W.A., Biggar, R.J., Weiss, S.H., Melbye, M. & Goedert, J.J., "Epidemiology of Human T-Lymphotropic Virus Type III and the Risk of the Acquired Immunodeficiency Syndrome" (1985) 103 Ann. Intern Med. 665-670; (as cited in Foster, W.F., Somerville, M., & Duckett, M., "'HIV/AIDS' and School Boards: A Policy Approach" (1988).